2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007
Secretary of State

DOCUMENT# L06000064275

Entity Name: SCOTT HEMOND SCHOOL OF BASEBALL, LLC

Current Principal Place of Business:

1115 CORAL DRIVE
NICEVILLE, FL 32578

New Principal Place of Business:

218 DOMINICA CIRCLE
NICEVILLE, FL 32578

Current Mailing Address:

1115 CORAL DRIVE
NICEVILLE, FL 32578

New Mailing Address:

218 DOMINICA CIRCLE
NICEVILLE, FL 32578

FEI Number: 20-5750239 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEMOND, LISA W
1115 CORAL DRIVE
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

HEMOND, LISA W
218 DOMINICA CIRCLE
NICEVILLE, FL 32578 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ 01/17/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HEMOND, SCOTT M
Address: 1115 CORAL DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM ( ) Delete
Name: HEMOND, LISA W
Address: 1115 CORAL DRIVE
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HEMOND, SCOTT M
Address: 218 DOMINICA CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM (X) Change ( ) Addition
Name: HEMOND, LISA W
Address: 218 DOMINICA CIRCLE
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LISA W HEMOND MGRM 01/17/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date